

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>TH</i>	<i>953</i>	<i>10-30-01</i>
RESPONSE FORMALITY REVIEW	<i>TH</i>	<i>1030</i>	<i>10-14-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*10-14-01*  
*503*  
*10-21-02*